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ATTORNEYS AT LAW

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INDIANAPOLIS, IN 46282

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Fax: (317) 639-4882
www.Lewis-Kappes.com

Suzanne R. Gaidoo
SGaidoo@Lewis-Kappes.com

April 15, 2010

VIA OVERNIGHT MAIL

Federal Election Commission
999 E Street N.W.
Washington, D.C. 20640

RE: Donald Mark Garringer, Complainant
MUR: Steve Buyer and Stephanie Mattox, Respondents
6261

RECEIVED
FEDERAL ELECTION
COMMISSION
2010 APR 16 PM 1:00
OFFICE OF GENERAL
COUNSEL

Dear Sir or Madam:

Enclosed is Frontier Foundation, Inc's Response to the above captioned matter. Please don't hesitate to contact me directly if you require anything further.

Sincerely,

LEWIS & KAPPES, P.C.

Suzanne R. Gaidoo

10044274742

BEFORE THE FEDERAL ELECTION COMMISSION

DONALD MARK GARRINGER)

Plainfield, Indiana 46168)

Complainant)

And)

MUR# 6261)

STEVE BUYER and STEPHANIE)

MATTIX)

200 North Main Street)

Monticello, Indiana 47960)

Respondents.)

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RECEIVED
FEDERAL ELECTION
COMMISSION
2010 APR 16 PM 1:00
OFFICE OF GENERAL
COUNSEL

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And

[illegible]

MUR# 6261

),

Frontier Foundation, Inc, (the “Frontier Foundation”), by counsel, and for its response to Complainant Donald Mark Garringer’s (“Mr. Garringer”) Verified Complaint (the “Complaint”) states as follows:

This response is being tendered on behalf of the Frontier Foundation upon the request of the Federal Election Commission (the "Commission") and in response to letters from the Commission directed to Brenda Vis Olthoff, former President of the Frontier Foundation and Maria Vander Sande, current President of the Frontier Foundation.

The Complaint filed by Mr. Garringer names Congressman Steve Buyer and Stephanie Mattix. The Complaint does not name the Frontier Foundation as a party or assert any allegations or claims against the Frontier Foundation. Instead, the Complaint baldly and mistakenly alleges generally that the Frontier Foundation (1) did not make scholarship distributions; (2) operated for the benefit of Congressman Buyer; (3) shared or leased office

space and telephone equipment with or from Congressman Buyer's campaign or Storm Chasers PAC and/or paid rent on behalf of Congressman Buyer's campaign or Storm Chasers PAC; (4) shared an employee with Congressman Buyer's campaign and/or the Storm Chasers PAC; and (5) commingled its activities and affairs with the activities and affairs of Congressman Buyer's campaign and/or the Storm Chasers PAC. None of these allegations has merit.

II. RESPONSE TO SPECIFIC NUMERICAL PARAGRAPHS

The Frontier Foundation for its response to the specific numerical paragraphs set forth in the Complaint states as follows:

1. Paragraphs 1 through 12 of the Complaint fail to state an allegation against the Frontier Foundation. To the extent an allegation against the Frontier Foundation could be construed by way of Paragraphs 1 through 12, the Frontier Foundation denies each such allegation.

III. ADDITIONAL RESPONSE AND MATERIALS OF THE FRONTIER FOUNDATION RESPONSE

A. Documents submitted to the Internal Revenue Service and available to the public clearly state the Frontier Foundation's intent to not make any scholarship distributions until \$1,000,000.00 has been raised.

The Complaint at Paragraph 5 incorrectly states that the Frontier Foundation was formed to distribute scholarships once it fundraised \$100,000.00. The Frontier Foundation was formed on June 13, 2003, in the State of Indiana. *Attached as Exhibit A is a copy of the Frontier Foundation's Articles of Incorporation and all amendments.* The charitable purposes of the Frontier Foundation are (1) to provide scholarship monies for Indiana students (post-secondary school) attending any public or private university, college, trade school or art school and (2) to provide emergency relief to individuals who suffer losses due to casualty, catastrophe, or acts of God.

On September 29, 2004, and the Frontier Foundation sought Federal recognition of its tax exempt status as a private foundation and filed Form 1023, Application for Recognition of Exemption with the Internal Revenue Service ("IRS"). *A copy of the Application for Recognition of Exemption is attached as Exhibit B.* Part II, Question 1 of the Application for Recognition of Exemption required the Frontier Foundation to provide the IRS with a "detailed narrative description of all of the activities of the organization." In response to Part II, Question 1, the Frontier Foundation stated:

Frontier Foundation, Inc. was formed on June 13, 2003 to address the fact [that] young educated individuals are leaving the state of Indiana upon graduation from college. The organization will provide scholarships for students pledging to work in Indiana for a period of time after graduation. The organization will not award scholarships until \$1,000,000.00 has been raised through donations.

Emphasis added

The Frontier Foundation's Application for Recognition of Exemption was approved by the IRS in 2005. The Frontier Foundation's Application for Recognition of Exemption is a public document and available for review upon request to the IRS or directly to the Frontier Foundation.

To date, the Frontier Foundation has raised approximately \$880,000.00. Consistent with its stated intent, the Frontier Foundation will distribute scholarships once it has raised \$1,000,000.00.

B. The Frontier Foundation has operated for its stated purposes and has not incurred expenses for the benefit of Congressman Buyer.

The Complaint at numerical paragraphs 6, 10 and 11 baldly alleges that the Frontier Foundation incurred expenses for the benefit of Congressman Buyer and specifically that The Frontier Foundation paid for Congressman Buyer to "play golf with donors". This allegation is

unfounded and incorrect. As stated in response to Part II, Question 3 of the Application for Recognition of Exemption, the Frontier Foundation disclosed its intent to raise funds by hosting fundraising events. As such, the Frontier Foundation hosted several golf outing fundraisers. Congressman Buyer's attendance at these fundraisers was not at the expense of the Frontier Foundation as any expenses incurred by the Frontier Foundation on behalf of Congress Buyer have been fully reimbursed. *Affidavit of Sandra Danford, Attached as Exhibit C.*

C. The Frontier Foundation never leased space from Congressman Buyer's campaign or the Storm Chasers PAC or paid rent on their behalf. The Frontier Foundation maintained and utilized its own telephone number.

Paragraphs 7 and 8 of the Complaint purports to allege that the Frontier Foundation's funds were misused to pay Congressman Buyer's expenses. The allegation is false and frivolous. The Frontier Foundation maintains separate offices and phone lines that are well documented.

On September 27, 2004, prior to the filing of its Application for Recognition of Exemption, the Frontier Foundation entered into a lease agreement with Alberta Vogel (the "Vogel Lease") for office space located at 200 North Main Street, Monticello, Indiana 47960. *A copy of the Vogel Lease is attached as Exhibit D.* A copy of the Vogel Lease was submitted to the IRS with the Frontier Foundation's Application for Recognition for Exemption.

Pursuant to the Vogel Lease the Frontier Foundation paid rent in the amount of \$200.00 per month payable to Alberta Vogel. The Vogel Lease's initial term was for a period of two (2) years. Upon the expiration of the Vogel Lease the parties continued to operate, with the Frontier Foundation as a holdover, according to the Vogel Lease's terms until May 2009 when the Frontier Foundation moved to a new office space.

In May 2009, the Frontier Foundation entered into an agreement with Landlord Calvin Johnson (the "Johnson Agreement") to lease office space located at 103 W. Broadway,

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Monticello, Indiana 47960. Pursuant to the Johnson Agreement, the Frontier Foundation paid rent in the amount of \$300.00 per month to Mr. Johnson. In late October 2009, the Frontier Foundation terminated the Johnson Agreement and moved to its current location at 816 Woodlawn Avenue, Monticello, Indiana 47960. *Affidavit Sandra Danford.*

Congressman Buyer's campaign headquarters, and possibly the Storm Chasers PAC, were located in the same buildings as the Frontier Foundation until October 2009. *Affidavit of Maria Vander Sande, attached as Exhibit E.* The office space occupied and utilized by the Frontier Foundation, however, was at all times physically separate and independent of Congressman Buyer's campaign headquarters and the Storm Chasers PAC. *Affidavit of Maria Vander Sande.* The Frontier Foundation did not pay rent to Congressman Buyer's campaign or the Storm Chasers PAC. *Affidavit of Sandra Danford.* Additionally, the Frontier Foundation did not pay rent on behalf of Congressman Buyer's campaign or the Storm Chasers PAC. *Affidavit of Sandra Danford.* The Frontier Foundation is not aware of the specific terms of any agreement for the use of office space between either Ms. Vogel or Mr. Johnson, and Congressman Buyer's campaign or the Storm Chasers PAC. *Affidavit of Sandra Danford.*

The Complaint, at paragraph 7, incorrectly states that the Frontier Foundation utilized the same telephone number as Congressman Buyer's campaign headquarters and the Storm Chasers PAC. At all times since it began operating, the Frontier Foundation has maintained and utilized its own telephone number. The Frontier Foundation maintained and operated under the telephone number of 574-870-4565, not the 574-583-9843 telephone number utilized by Congressman Buyer's campaign headquarters and the Storm Chasers PAC. The Frontier Foundation obtained a new telephone number when it moved to its current location. That telephone number is 574-870-9882.

During its formation and the process of applying for recognition of exemption with the IRS, the Frontier Foundation utilized the 574-583-9843 telephone number when it was required to submit a telephone number on IRS forms. As such the 574-583-9843 telephone number appears on the Frontier Foundation's Application for Recognition of Exemption.

The 574-583-9843 telephone number also appears on some of the Frontier Foundation's tax returns. The information on the Frontier Foundation's Application for Recognition of Exemption was used by the Frontier Foundation's tax preparers to prepare its annual tax returns. The appearance of the 574-583-9843 telephone number on some portions of the Frontier Foundation's tax returns is a repeating clerical error made by its tax preparers. *Affidavit of Maria Vander Sande*. The Frontier Foundation's tax returns reflect two (2) telephone numbers for the organization. The tax returns at Part XV, Line 2a reflect the Frontier Foundation's actual telephone number of 574-870-4565. The 574-870-4565 telephone number is again reflected on the Frontier Foundation's scholarship application which is an attachment to its annual tax returns. *Copies of the Frontier Foundation's income tax returns are attached as Exhibit F; a copy of the Frontier Foundation's scholarship application is attached as Exhibit G.*

D. Stephanie Mattix was employed directly by the Frontier Foundation and only received income from the Frontier Foundation for work she performed on behalf of the Frontier Foundation.

The Complaint at paragraphs 9 and 12 incorrectly states that Stephanie Mattix was a ghost employee of the Frontier Foundation. From approximately June 2003 through July 2009, Stephanie Mattix (Ms. Mattix) was employed part-time by the Frontier Foundation. Ms. Mattix worked 20 hrs per week as an office assistant for the Frontier Foundation. *A copy of Ms. Mattix's W2 forms issued by the Frontier Foundation are attached as Exhibit H.* To the best of the Frontier Foundation's knowledge, the time Ms. Mattix was to spend working for the Frontier

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Foundation was actually spent working for the Frontier Foundation. *Affidavit of Maria Vander Sande*. The Frontier Foundation has no information to support a conclusion that Ms. Mattix did not work 20 hours per week for the Frontier Foundation. *Affidavit of Maria Vander Sande*. The Frontier Foundation has no knowledge of the details of Ms. Mattix's other employment arrangements. *Affidavit of Maria Vander Sande*. Ms. Mattix was not authorized by the Frontier Foundation's Board of Directors to work for any other entity during the hours she was to be working for the Frontier Foundation. *Affidavit of Maria Vander Sande*.

E. **The Frontier Foundation's activities and affairs were completely independent of Congressman Buyer's campaign and the Storm Chaser PAC.**

Paragraph 10 of the Complaint alleges that the Frontier Foundation commingled its activities and affairs with those of Congressman Buyer's campaign and the Storm Chasers PAC. The activities and affairs of the Frontier Foundation were, and continue to be, completely independent of and not commingled with those of Congressman Buyer's campaign or the Storm Chasers PAC. The Frontier Foundation had and continues to have its own office space, telephone number and computer system. *Affidavit of Sandra Danford*. Likewise, the Frontier Foundation maintained, and still maintains, its own bank account, attorneys and accountants. *Affidavit of Sandra Danford*. The Frontier Foundation has at all times operated under the direction of its Board of Directors. *Affidavit of Maria Vander Sande*. Congressman Buyer is not a member of the Board of Directors and does not attend meetings of the Board of Directors. *Affidavit of Maria Vander Sande*. The Frontier Foundation maintains its own Employer Identification Number and files its own income tax returns. *Affidavit of Maria Vander Sande*. The Frontier Foundation operates in accordance to its own Articles of Incorporation, Bylaws and corporate policies. *Affidavit of Maria Vander Sande*. Moreover, the purposes of the Frontier

Foundation are completely unrelated to Congressman Buyer's campaign or the Storm Chasers PAC. *Affidavit of Maria Vander Sande.*

IV. CONCLUDING REMARKS

For the reasons set forth in this Response, The Frontier Foundation, by counsel, respectfully requests that the Commission make a determination of No Reason To Believe that a violation has occurred and dismiss the Complaint accordingly.

Respectfully submitted;

LEWIS & KAPPES, P.C.



Suzanne R. Gaidoo, #25724-49A
Peter S. French, #16716-49

Attorneys for The Frontier Foundation, Inc.

LEWIS & KAPPES, P.C.
2500 One American Square
Indianapolis, Indiana 46282
317-639-1210
317-639-4882 (fax)

10044274751

**State of Indiana
Office of the Secretary of State**

**CERTIFICATE OF INCORPORATION
of
FRONTIER FOUNDATION, INC.**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

NOW, THEREFORE, with this document I certify that said transaction will become effective Friday, June 13, 2003.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, June 13, 2003.

A handwritten signature in cursive script, reading "Todd Rokita".

**TODD ROKITA,
SECRETARY OF STATE**

2003061700100 / 2003061730730

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State Form 4702 (Rev. 1-58) Department Form No. 224-1 (October 1954)

Approved by State Board of Accounts 1998

MOVING:

7. Maryland corporations must comply with the Federal Food, Drug, and Cosmetic Act and the Indiana Department of Revenue. It is strongly suggested you do not complete the Indiana return without contacting both agencies.

2. Article VII must be rewritten appropriately. Please use (7) instead

INSTRUCTIONS:

1. Use 8 1/2" x 11" white paper for attachments.
2. Forward original and one (1) copy to the address at bottom of this form.
3. Please type or print.
4. Please visit our office on the web at www.mtsd.state.nj.gov.

IND. SECRETARY OF STATE

ARTICLES OF INCORPORATION

The undersigned incorporator or incorporators, desiring to form a corporation (hereinafter referred to as the "Corporation") pursuant to the provisions of the Indiana Nonprofit Corporation Act of 1991 (hereinafter referred to as the "Act"), execute the following Articles of Incorporation.

NAME OF INCORPORATEE AND HOME STATE: NAME OF VENDOR, COMPANY, ADDRESS, CITY, STATE, ZIP CODE, COUNTRY OF ORIGIN OF THE INCORPORATION:

FRONTIER FOUNDATION, INC.

Principal Office: The address of the principal office of the Corporation for

Post Office address

PO Box 280

Today

Monticello

Figure 1

Top 1000

47950-0290

The purpose for which the Component is issued over

To provide scholarship monies for Indiana students (post-secondary school) attending any public or private university, college, trade school, or art school;

To provide emergency relief to individuals who suffer losses due to casualty, catastrophe, or acts of God:

To perform any other legal actions described in I.G. 23-17-4-2 which will not disqualify the entity for treatment as an Indians not-for-profit entity or disqualify the entity for tax treatment under IRC 501:

with all powers granted under I.C. 23-17-4-2, as presently constituted or as may hereafter be amended.

THE

- ☐ public benefit corporation, which is organized for a public or charitable purpose;

WARNING: THIS DOCUMENT CONTAINS INFORMATION OF THE CONFIDENTIAL, PROPRIETARY, AND UNCLASSIFIED CLASS OF CONTROLLED TECHNOLOGY

[illegible]

Lewis Down! Dellinger

Address of Reporting Office (Name of Agent or Institution)

200 N. Main St.

10

Montesano

Introduction

2P 505

47800

Indicate if Corporation will have subsidiaries:☐ Yes ☐ No

(Continued on the reverse side)

WEST NORTA
UNIVERSITY OF SOUT
COMPARATIVE DIVISION
502 W. Washington St., Rm. 107
Indianapolis, IN 46204
Telephone: (317) 422-6576

Indiana Code 22-17-9-2
FILING FEE: \$30.00

RECEIVED
INDIANA SECRETARY
OF STATE
JUN 13 PM 2

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Name(s) and addresses of the incorporator(s) here as follows:				
Name	Number and Street or Building	City	State	ZIP code
Stephanie Matix	200 N. Main St.	Monticello	IN	47960
Colleen Buyer	2105 S. Airport Rd.	Monticello	IN	47960

Refer to Indiana Code 23-17-22-5 for permitted activities following Dissolution.

Upon dissolution, the corporation will carry out only those activities required to wind up and liquidate the corporation's affairs, including:

- (a) Collection of outstanding accounts or monies due to the corporation;
- (b) Payment of outstanding debts and/or distributions, if any;
- (c) Return of any assets held by corporation requiring return upon dissolution
- (d) After payment of all debts, distribution of the first \$100,000 from corporate-owned property of any type to The Citadel to provide scholarships in the name of Stephen E. Buyer to Indiana residents who attend The Citadel;
- (e) Distribution or transfer of remaining assets to a domestic or foreign public benefit corporation as approved by the members of the corporation; and
- (f) All other activities permitted under IC 23-17-22-5 to be conducted upon dissolution of the corporation for the purpose of dissolving the corporation.

* Please note this section must be completed.

THIS DOCUMENT MUST BE SIGNED BY ALL INCORPORATORS.

In witness whereof, the undersigned incorporator(s) of said Corporation execute(s) this document, and verify(ies) subject to penalties of perjury that the facts contained herein are true this <u>12th</u> day of <u>JUNE</u> , 20 <u>03</u> .	
<i>Stephanie Matix</i>	Printed name STEPHANIE MATIX
<i>Colleen M. Buyer</i>	Printed name COLLEEN BUYER
	Printed name

This document was prepared by: (Name) L. Dowal Dellinger (Atty. #18322-01), Dellinger, Dellinger & Smith			
Address PO Box 290	City Monticello	State IN	ZIP code 47960-0290

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**State of Indiana
Office of the Secretary of State**

**CERTIFICATE OF AMENDMENT
of
FRONTIER FOUNDATION, INC.**

I, TODD ROKITA, Secretary of State of Indiana, hereby certify that Articles of Amendment of the above Non-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Nonprofit Corporation Act of 1991.

NOW, THEREFORE, with this document I certify that said transaction will become effective Thursday, July 28, 2005.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, July 28, 2005.

A handwritten signature in black ink, appearing to read "Todd Rokita".

**TODD ROKITA,
SECRETARY OF STATE**

2003061 700106 / 2003060294363

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ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION (NONPROFIT)
 State Form 4901 (R10/1-03) / Corporate Form No. 904-0 (May 1999)
 Approved by State Board of Accounts 1999

200304



INSTRUCTIONS: Use 8 1/2" x 11" white paper for attachments.
 Present original and one copy to address in upper right corner of this form.
 Please TYPE or PRINT.
 Please visit our website on the web at www.sos.in.gov

Indiana Code 23-17-17-1 et seq.
 FILING FEE: \$20.00

APPROVED AND FILED
[Signature]
 REG. SECRETARY OF STATE

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION

The undersigned officer of the Nonprofit Corporation named in Article I below (hereinafter referred to as the "Corporation") desiring to give notice of corporate action effectuating Amendment(s) to the Articles of Incorporation, certifies the following facts:

This Corporation exists pursuant to: (check appropriate box)

- ☐ The Indiana Not-For-Profit Corporation Act of 1971 (IC 23-7-1.1) as amended.
- ☐ Indiana General Not-For-Profit Corporation Act (approved March 7, 1939)
- ☒ Indiana Nonprofit Corporation Act of 1991 (IC 23-17-1) as amended

SECTION 1: The name of the Corporation is:

FRONTIER FOUNDATION, INC.

SECTION 2: The date of incorporation of the Corporation is:

June 13, 2003

SECTION 3: The name of the Corporation following this amendment to the Articles of Incorporation is:

FRONTIER FOUNDATION, INC.

SECTION 4:

The exact text of Article(s) II and VII of the Articles of Incorporation is now as follows.

(See attached sheet for exact text of amended Articles II and VII.)

SECTION 5:

The date of adoption of the amendment to the Article(s) II and VII was February 18, 2005

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SECTION 1: Action by Board of Directors

The Board of Directors duly adopted a resolution proposing to amend the Article(s) of Incorporation: (select one)

- ☒ At a meeting held on February 15, 20 06, at which a quorum of such Board was present.
- ☐ By written consent executed on _____, 20 _____, and signed by all members of such Board.

SECTION 2: Action by members**IF APPROVAL OF MEMBERS WAS NOT REQUIRED:**

The Amendment(s) were approved by a sufficient vote of the Board of Directors or Incorporators and approval of members was not required.

☒ Yes ☐ No

The Amendment(s) were approved by a person other than the members, and that approval pursuant to Indiana Code 23-17-17-1 was obtained.

☐ Yes ☐ No

IF APPROVAL OF MEMBERS WAS REQUIRED:

	TOTAL	MEMBERS OR DELEGATES ENTITLED TO VOTE AS A CLASS		
		1	2	3
MEMBERS OR DELEGATES ENTITLED TO VOTE				
MEMBERS OR DELEGATES VOTED IN FAVOR				
MEMBERS OR DELEGATES VOTED AGAINST				

- ☒ The manner of the adoption of the Articles of Amendment and the vote by which they were adopted constitute full legal compliance with the provisions of the Act, the Articles of Incorporation, and the By-Laws of the Corporation.

I hereby verify, subject to penalties of perjury, that the facts contained herein are true.

Signature of named Officer

Stephanie D. Miller

Printed name of Officer

STEPHANIE MILLER

Title of Officer

Secretary

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**Amended and Restated Articles of Incorporation
Of
Frontier Foundation, Inc.**

RECEIVED
2010 APR 15 AM 11:24

The undersigned incorporator, desiring to Amend the Articles of Incorporation of Frontier Foundation, Inc. (the "Corporation"), formed pursuant to the provisions of the Indiana Nonprofit Corporations Act of 1991, as amended (the "Act"), executes the following Amended and Restated Articles of Incorporation.

Article I

Section 1. Name

The name of the Corporation is Frontier Foundation, Inc.

Section 2. Principal Office

The principal office of the Corporation is P.O. Box 56, Monticello, Indiana 47960.

Article II

Section 1. Purpose

The purposes for which the Corporation is formed are as follows:

1. to provide scholarships for Indiana students (post-secondary school) attending any public or private university, college, trade or art school;
2. to provide emergency relief to individuals who suffer losses due to casualty, catastrophe, or acts of God;
3. to perform any other legal actions pursuant to the Indiana Nonprofit Corporation Act and the Internal Revenue Code.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under §501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code.

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in the purpose clause hereof. No substantial part of the activities of the Corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the Corporation shall not participate in, or intervene in (including the publishing or distribution of statements)

any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions of this document, the corporation shall not carry on any other activities not permitted to be carried on (a) by an organization exempt from federal income tax under §501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or (b) by an organization, contributions to which are deductible under §170(c)(2) of the Internal Revenue Code, or corresponding section of any future federal tax code.

Article III

Section 1. Type of Corporation

The Corporation is a public benefit corporation, which is organized for a public or charitable purpose.

Article IV

Section 1. Registered Office

The street address of the Corporation's registered office is 251 E. Ohio Street, Suite 1100, Indianapolis, Indiana 46204.

Section 2. Registered Agent

The Corporation's registered agent is CT Corporation.

Article V

Section 1. Members

The Corporation shall have no members.

Article VI

Section 1. Board of Directors

Upon the adoption of these Amended and Restated Articles of Incorporation the Corporation has four (4) directors. Thereafter, the number of directors shall be as specified in or fixed in accordance with the Corporation's Bylaws; provided, however, that the minimum number of directors shall be three (3). The term of office of a director shall be as specified in the Corporation's Bylaws.

Section 2. Qualifications

Each director shall have such qualifications as may be specified from time to time in the Bylaws of the Corporation or as required by law.

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Section 3. Initial Board of Directors

The names and addresses of the initial Board of Directors of the Corporation are:

Maria Vander Sande
7555 N Gale Street
Indianapolis, IN 46240

Ryan Buyer
501 Slaters Lane, #614
Alexandria, VA 22314

Colleen Appleton
8236 North 225 West
Delphi, Indiana 46923

Sandra Danford
816 Woodlawn Ave.
Monticello, IN 47960

Article VII

Section 1. Distribution of Assets on Dissolution or Final Liquidation

Upon the dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not disposed of shall be disposed by the Circuit Court of the county in which the principal office of the Corporation is then located, exclusively for such purposes or to such organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

Article VIII

Section 1. Perpetual Existence

The Corporation shall have perpetual existence.

Article IX

Section 1. Amendments

The Board of Directors may add to, delete, amend, or repeal these Amended and Restated Articles of Incorporation by two-thirds (2/3's) affirmative vote, provided that thirty (30) days' notice has been given to all Directors. The proposed amendments must be announced with said notice.

IN WITNESS WHEREOF, the undersigned executes these Amended and Restated Articles of Incorporation and verifies, subject to penalties of perjury, that the facts contained herein are true.

Dated this 12th day of April, 2010.


President, The Frontier Foundation, Inc.

THIS INSTRUMENT WAS PREPARED BY:

Suzanne R. Gaidoo (#23724-49A)
LEWIS & KAPPES, P.C.
2500 One American Square
Indianapolis, Indiana 46282
(317) 639-1210
(317)639-4882 (fax)

Family overview:

Father's Name: _____ Mother's Name: _____

Parents' current marital status (Check one): ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Parents' state of legal residence: _____ Number of family members living in household: _____

Father's Occupation: _____ Employer _____ Length of Employment _____

Mother's Occupation: _____ Employer _____ Length of Employment _____

Ages of brothers, sisters, stepbrothers, and stepsisters currently living in household: _____

Number of college or technical students in your family next year (not including yourself): _____

Financial Overview:

Approximate amount needed per year for college \$ _____ Amount Saved \$ _____

Other scholarships you have received or expect to receive (if known at this time):

Name or Source of Scholarship _____ Amount \$ _____

Name or Source of Scholarship _____ Amount \$ _____

Annual combined income of parents/guardians in 2004, supporting documentation may be requested:

☐ Below \$30,00 ☐ \$31,000-\$45,000 ☐ \$46,000-\$60,000 ☐ \$61,000-\$80,000 ☐ More than \$80,000

Special financial needs/considerations: _____

Personal Involvement/Achievements (Attach additional page if necessary):

Extra-curricular activities (list offices held) _____

Sports activities _____

Honors/Awards _____

Community/Volunteer/Church activities _____

Work Experience:	Dates	Position	Employer	Hours per week
	_____	_____	_____	_____
	_____	_____	_____	_____

Academic Information:

High school: _____ Graduation Date: _____

Class Rank: _____ of _____ SAT score: _____ out of _____ ACT score: _____ out of _____

Cumulative GPA: _____ (on a scale of _____) Counselor: _____

10044274762

Form **990-PF**

Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No. 1545-0062

2008Department of the Treasury
Internal Revenue Service

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2008, or tax year beginning

, and ending

G Check all that apply:

☐ Initial return☐ Final return☐ Amended return☐ Address change☐ Name changeUse the IRS
label.
Otherwise,
print
or type.See Specific
Instructions.

Name of foundation

Frontier Foundation, Inc.**c/o Stephanie Mattix**

Number and street (or P.O. box number if mail is not delivered to street address)

200 North Main Street

Room/suite

City or town, state, and ZIP code

Monticello**IN 47960**

A Employer identification number

13-4254757

B Telephone number (see page 10 of the instructions)

574-583-9843C If exemption application is pending, check here ☐D 1. Foreign organizations, check here ☐2. Foreign organizations meeting the
80% test, check here and attach computation ☐E If private foundation status was terminated
under section 507(b)(1)(A), check here ☐F If the foundation is in a 60-month termination
under section 507(b)(1)(B), check here ☐H Check type of organization: ☒ Section 501(c)(3) exempt private foundation☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundationFair market value of all assets at end
of year (from Part II, col. (c),
line 16) **\$ 482,761**J Accounting method: ☒ Cash ☐ Accrual☐ Other (specify)

(Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see pg. 11 of the instructions).)

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue				
1 Contributions, gifts, grants, etc., received (attach schedule)	100,148			
2 Check <input type="checkbox"/> If the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments ..				
4 Dividends and interest from securities	16,104	13,942	16,104	
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 Stat 1	1,381			
b Gross sales price for all assets on line 10				
7 Capital gain net income from Part IV, line 6				
8 Net short-term capital gain			0	
9 Income modifications				
10a Gross sales less returns & allowances				
b Less: Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)				
12 Total. Add lines 1 through 11	117,633	13,942	16,104	
Operating and Administrative Expenses				
13 Compensation of officers, directors, trustees, etc.	17,275		864	16,411
14 Other employee salaries and wages				
15 Pension plans, employee benefits	1,768		88	1,680
16a Legal fees (attach schedule) See Stat 2	33		33	
b Accounting fees (attach schedule) Stat 3	1,590		1,590	
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see page 14 of the instructions) Stat 4	312		312	
19 Depreciation (attach schedule) and depletion				
20 Occupancy	2,574		128	2,446
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (att. sch.) Stat 5	38,459	4,863	6	33,590
24 Total operating and administrative expenses. Add lines 13 through 23	62,011	4,863	3,021	54,127
25 Contributions, gifts, grants paid	1,700			1,700
26 Total expenses and disbursements. Add lines 24 and 25 ..	63,711	4,863	3,021	55,827
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses & disbursements	53,922			
b Net investment income (if negative, enter -0-)		10,703		
c Adjusted net income (if negative, enter -0-)			13,083	

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash—non-interest-bearing	234,142	175,596	175,596
2	Savings and temporary cash investments			
3	Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
7	Other notes and loans receivable (att. schedule) ▶			
	Less: allowance for doubtful accounts ▶			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10a	Investments—U.S. and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule) See Stmt 6	328,327	440,950	307,165
c	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach sch.) ▶			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach sch.) ▶			
15	Other assets (describe ▶			
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item D)	562,469	616,546	482,761
17	Accounts payable and accrued expenses	1,755	1,910	
18	Grants payable			
19	Deferred revenues			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶			
23	Total liabilities (add lines 17 through 22)	1,755	1,910	
24	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
25	Unrestricted			
26	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	560,714	614,636	
30	Total net assets or fund balances (see page 17 of the instructions)	560,714	614,636	
31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	562,469	616,546	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	560,714
2	Enter amount from Part I, line 27a	2	53,922
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	614,636
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	614,636

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 300 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a Capital Gain Dist			
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expenses of sale	(h) Gain or (loss) (e) plus (f) minus (g)
1,624			1,624
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/09

(i) F.M.V. as of 12/31/09	(j) Adjusted basis as of 12/31/09	(k) Excess of col. (i) over col. (j), if any	(l) Gain (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
			1,624
b			
c			
d			
e			

2 Capital gain net income or (net capital loss)	1,624
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (9):	
If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions).	
If (loss), enter -0- in Part I, line 8	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2007	48,144	448,229	0.107409
2008	44,729	278,739	0.160469
2005	45,504	192,899	0.235895
2004	26,903	40,206	0.669129
2003			

2 Total of line 1, column (d)	1.172902
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	0.293226
4 Enter the net value of noncharitable-use assets for 2008 from Part X, line 5	511,473
5 Multiply line 4 by line 3	149,977
6 Enter 1% of net investment income (1% of Part I, line 27b)	107
7 Add lines 5 and 6	150,084
8 Enter qualifying distributions from Part XII, line 4	55,827
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.	

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Form 990-PF (2008) **Frontier Foundation, Inc.****13-4254737**Page **4****Part VI Excess Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(c), or 4940—see page 18 of the instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling letter: _____ (attach copy of ruling letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b _____	1	214
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0
3	Add lines 1 and 2	3	214
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	214
6	Credits/Payments:		
a	2008 estimated tax payments and 2007 overpayment credited to 2008	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8855)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	214
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11	Enter the amount of line 10 to be: Credited to 2008 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	1b		X
c	Did the foundation file Form 1120-POL for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4965) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input type="checkbox"/> IN			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(d)(3) or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	X	

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1 TOT

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Form 990-PF (2008) **Frontier Foundation, Inc.****13-4254757**Page **5****Part VII-A : Statements Regarding Activities (continued)**

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2005?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address ▶ N/A				
14	The books are in care of ▶ Stephanie Mattix	Telephone no. ▶ 574-583-9843		
	200 N. Main St			
	Located at ▶ Monticello, IN	ZIP+4 ▶ 47960		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here	▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year	15		

Part VII-B : Statements Regarding Activities for Which Form 4720 May Be Required

10044274767	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-9 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	N/A	1b	
	Organizations relying on a current notice regarding disaster assistance check here	▶ <input type="checkbox"/>		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than accepted acts, that were not corrected before the first day of the tax year beginning in 2008?	N/A	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2008, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2008?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions.)	N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	▶ 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2008 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1986; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4949(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2008.)	N/A	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1986) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2008?		4b	X

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Form 990-PF (2008) **Frontier Foundation, Inc.****13-4254757**Page **6****Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)****5a** During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions) ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? **N/A**

Organizations relying on a current notice regarding disaster assistance check here ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? **N/A** ☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If you answered "Yes" to 6b, also file Form 8570.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? **N/A**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1** List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contribution to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Colleen Rayer Monticello IN 47960	President	0	0	0
Stephanie Mattin Monticello IN 47960	Sec/Treasurer	17,275	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions).

If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contribution to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

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Form 990-PF (2008) **Frontier Foundation, Inc.****13-4254757**Page **7****Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part IX Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 Frontier Foundation Scholarship Program		
		33,590

Part X Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
3 All other program-related investments. See page 24 of the instructions.		
Total. Add lines 1 through 3		

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Form 990-PF (2008) **Frontier Foundation, Inc.****13-4254757**Page **6****Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	314,392
b	Average of monthly cash balances	1b	204,870
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	519,262
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	519,262
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of the instructions)	4	7,789
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	511,473
6	Minimum investment return. Enter 5% of line 5	6	25,574

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(f)(3) and (f)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2008 from Part VI, line 5	2a	
b	Income tax for 2008. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 28	1a	55,827
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XII, line 4	4	55,827
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 28 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	55,827

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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Form 990-PF (2008) **Frontier Foundation, Inc.****13-4254757**Page **9****Part XIII Undistributed Income (see page 26 of the instructions)**

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2007:				
a Enter amount for 2007 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e				
4 Qualifying distributions for 2008 from Part XII, line 4: ▶ 6				
a Applied to 2007, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2008 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of delinquency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions				
e Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions				
f Undistributed income for 2008. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2009				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2003 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 Excess distributions carryover to 2009. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling **6/13/03**

b Check box to indicate whether the foundation is a private operating foundation described in section ☒ 4942(f)(3) or ☐ 4942(f)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

b 85% of line 2a

c Qualifying distributions from Part XII, line 4 for each year listed

d Amounts included in line 2c not used directly for active conduct of exempt activities

e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c

f Complete 3a, b, or c for the alternative test relied upon:

a "Assets" alternative test—enter:

(1) Value of all assets

(2) Value of assets qualifying under section 4942(f)(3)(B)(i)

b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed

c "Support" alternative test—enter:

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(f)(3)(B)(ii)

(3) Largest amount of support from an exempt organization

(4) Gross investment income

Tax year		Prior 3 years		(e) Total
(a) 2008	(b) 2007	(c) 2006	(d) 2005	
13,083	3,793	2,844	595	20,315
11,121	3,224	2,417	506	17,268
55,827	48,144	44,729	45,504	194,204
55,827	48,144	44,729	45,504	194,204
17,049	14,941	9,291	6,430	47,711

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number of the person to whom applications should be addressed:

**The Frontier Foundation, Inc. 574-870-4565
200 W. Main Street Monticello IN 47960**

b The form in which applications should be submitted and information and materials they should include:

See Attached Schedule

c Any submission deadlines:

March 1

d Any restrictions or limitations on awards, such as by geographical area, charitable fields, kinds of institutions, or other factors:

See Statement 8

Part XV Supplementary information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year St Jude Research Hospital 262 Danny Thomas Place Memphis TN 38105		Smile Train	Donation	250
MRA Foundation 11250 Waples Mill Road Fairfax VA 22030		Educational	programs	1,450
Total ▶ 3a 1,700				
b Approved for future payment N/A				
Total ▶ 3b				

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Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

- 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?**

a Transfers from the reporting foundation to a noncharitable exempt organization of:

(1) Cash

(2) Other assets

b Other transactions:

(1) Sales of assets to a noncharitable exempt organization

(2) Purchases of assets from a noncharitable exempt organization

(3) Rental of facilities, equipment, or other assets

(4) Reimbursement arrangements

(5) Loans or loan guarantees

(5) Performance of services or membership or fundraising solicitations

e Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

b. If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge.

Signature of officer or trustee

Date _____

Secretary/Treasurer

THE

**Preparer's
signature**

Firm's name (or yours if self-employed), address, and ZIP code

Strategic Financial Group, LLC
303 W. Main Street
Monticello, IN 47960-2134

Date _____

5/21/09

Check if self-emp

Preparer's identifying
number (see Signature on
page 30 of the instructions)
P00046397

EN ▶ 35-1984039

Phone 574-583-5041

Form 990-PF (2008)

The Frontier Foundation

SCHOLARSHIP APPLICATION 2008

200 N. Main Street, P.O. Box 56, Monticello, IN 47960

Phone (574) 870-4565

SCHOLARSHIP CRITERIA:

- Two scholarships available for one male and one female senior graduating in 2008: A \$10,000 scholarship if you pledge to stay in Indiana for one year. A \$20,000 scholarship if you pledge stay in Indiana for two years.
- Pledge to continue to pursue higher education through a college, university or school of training.
- Applicant must be a graduating senior from an Indiana High School.
- Applicant must have a 2.75 or better grade point average on a 4.0 scale (B-equivalent).
- Applicant must be a well-rounded student active in the school, community or church.
- Please mail the complete application with attachments to the Frontier Foundation office by September 1, 2008.

CHECKLIST OF ATTACHMENTS:

- Personal letter/essay, introducing yourself, sharing your expectations, and defining your personal goals.
- Copy of official transcript of grades.
- Written recommendation from a faculty member.
- Copy of letter of acceptance from college, university, or school of training.

Please read and follow all instructions carefully. Incomplete applications will not be considered.

Applicant Information & Education Plans: Fill out completely.

Name (Last, Middle, First): _____

Permanent address (Street, City, State, Zip): _____

Telephone: _____ Date of Birth: _____ Are you a U.S. Citizen? _____

Current residence: _____ Anticipated Major: _____

College/university/school you plan to attend: _____

City: _____ State: _____ Have you been admitted? YES/NO

College: _____ 4-year college/university _____ 2-year community/junior college _____ vocational/technical school

I certify that all information given in this application is true and understand that falsification of information will result in the termination of any scholarship granted.

Dated this _____ day of _____, _____

Signature: _____ Social Security Number: _____

General Information: _____ Social Security Number: _____

Family Overview:

Father's Name: _____ Mother's Name: _____

Parents' current marital status (Check one): ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Parents' type of legal residence: _____ Number of family members living in household: _____

Father's occupation: _____ Employer: _____ Length of Employment: _____

Mother's occupation: _____ Employer: _____ Length of Employment: _____

Age of parents, stepparents, stepchildren, and stepchildren currently living in household: _____

Number of college or technical students in your family next year (not including yourself): _____

Financial Overview:

Approximate amount needed per year for college \$ _____ Amount Saved \$ _____

Other assets you have received or expect to receive (if known or due date): _____

Name and amount of scholarship: _____ Amount \$ _____

Name and amount of scholarship: _____ Amount \$ _____

Annual adjusted income of parents/guardians in 2007, supporting documentation may be requested:

Below \$10,000 \$11,000-\$15,000 \$16,000-\$20,000 \$21,000-\$25,000 More than \$25,000

Special financial needs/contributions: _____

Parents' Special Interests/Achievements (Attach additional page if necessary):

Extra-curricular activities (for officer only): _____

Sports participation: _____

Honors/Awards: _____

Community Service/Church activities: _____

Work Experience:

Name	Position	Employer	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____

Academic Information:

High school: _____ Graduation Date: _____

Class Rank: _____ of _____ SAT score: _____ out of _____ ACT score: _____ out of _____

Coursework (A): _____ (on a scale of _____) Courses: _____

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The Frontier Foundation

SCHOLARSHIP APPLICATION 2005

200 N. Main Street, P.O. Box 56, Monticello, IN 47960

Phone (574) 870-4565

SCHOLARSHIP CRITERIA:

- Two scholarships available for one male and one female senior graduating in 2005. A \$10,000 scholarship if you pledge to stay in Indiana for one year. A \$20,000 scholarship if you pledge stay in Indiana for two years.
- For students intending to pursue higher education through a college, university or school of training.
- Applicants must be a graduating senior from an Indiana High School.
- Applicants must have a 2.75 or better grade point average on a 4.0 scale (B-equivalent).
- Applicants must be a well-rounded student active in the school, community or church.
- Return or mail the complete application with attachments to the Frontier Foundation office by March 1, 2005.

CHECKLIST OF ATTACHMENTS:

- Personal Insight Essay, introducing yourself, sharing your expectations, and defining your personal goals.
- Copy of official transcript of grades.
- Written recommendation from a faculty member.
- Copy of letter of acceptance from college, university, or school of training.

Please read and follow all instructions carefully. Incomplete applications will not be considered.

Applicants Information & Education Plans: Fill out completely.

Name (first, middle, last): _____

Permanent address (Street, City, State, Zip): _____

Telephone: _____ Date of Birth: _____ Are you a U.S. Citizen? _____

County of Residence: _____ Anticipated Major: _____

College/Technical school you plan to attend: _____

City _____ State _____ Have you been admitted? YES/NO

Check one: ___ 4-year college/university ___ 2-year community/junior college ___ vocational/technical school

I certify that all information given in this application is true and understand that falsification of information will result in the termination of any scholarship granted.

Dated this _____ day of _____, _____

Signature: _____ Social Security Number: _____

General Information Social Security Number: _____

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Family overview:

Father's Name: _____ Mother's Name: _____

Parents' current marital status (Check one): ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Parents' state of legal residence: _____ Number of family members living in household: _____

Father's Occupation: _____ Employer: _____ Length of Employment: _____

Mother's Occupation: _____ Employer: _____ Length of Employment: _____

Age of brothers, sisters, stepbrothers, and stepisters currently living in household: _____

Number of college or technical students in your family next year (not including yourself): _____

Financial Overview:

Approximate amount needed per year for college \$ _____ Amount Saved \$ _____

Other scholarships you have received or expect to receive (if known at this time):

Name or Source of Scholarship _____ Amount \$ _____

Name or Source of Scholarship _____ Amount \$ _____

Annual combined income of parents/guardians in 2004, supporting documentation may be requested:

Below \$30,000 _____ \$31,000-\$45,000 _____ \$46,000-\$60,000 _____ \$61,000-\$80,000 _____ More than \$80,000

Special financial needs/considerations: _____

Personal Involvement/Achievements (Attach additional page if necessary):

Extra-curricular activities (list after school) _____

Sports activities _____

Honors/Awards _____

Community/Volunteer/Church activities _____

Work Experience: Date _____ Position _____ Employer _____ Hours per week _____

Academic Information:

High school: _____ Graduation Date: _____

Class Rank: _____ of _____ SAT score: _____ out of _____ ACT score: _____ out of _____

Cumulative GPA: _____ (on a scale of _____) Counselor: _____

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